



Department of Environmental Protection

Lawton Chiles
Governor

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

Virginia B. Wetherell
Secretary

June 24, 1997

Mr. Marco A. Lasprilla
Oakwood Cleaners
356 North Congress Avenue
Boynton Beach, Florida 33426

Re: Facility No.: 0990491

Dear Mr. Lasprilla:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 21, 1997.

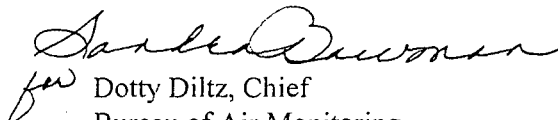
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office
Bureau of Air Monitoring and Mobile Sources, MS 5510
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the District or local air program compliance inspector in your area.

Sincerely,


Dotty Diltz, Chief
Bureau of Air Monitoring
and Mobile Sources

DD/jw

cc: Mr. Al Grasso, Palm Beach County

BEST AVAILABLE COPY

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT

✓ ARMS

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 12:05 TIME OUT: 12:15 RECEIVED AIRS-ID#: 0990491

TYPE OF FACILITY: Dry cleaning

FACILITY NAME: Oakwood Cleaners JUL 20 1999 DATE: 6-2-99

FACILITY LOCATION: 356 N. Congress Ave. Boynton Beach, FL 33436
Bureau of Air Monitoring & Mobile Sources

RESPONSIBLE OFFICIAL: Bipin Patel (New owner) PHONE NUMBER: 369-2422

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
Business (Including machine) sold to ID# 0990569	No inspection required until we hear hear from the owner.
New owner (ID# 0990569) uses this store as a drop off store. The new owner send all clothes for dry cleaning to his plant (ID# 0990569) per owner	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: N/A (Approximate)

INSPECTION CONDUCTED BY: R.V. Chokshi (Please Print)

INSPECTOR'S SIGNATURE: R.V. Chokshi PHONE NUMBER: 355-3070

BEST AVAILABLE COPY

ID # 0990569

SHARNAM INC.

DT 6/2/99.

dba oakwood Cleaners

356 - Congress Ave.

Bonnton Beach FL 33436

To whom it may concern.

As of October 27 1998.
we are not doing or using
dry clean machine. and spotting board
we won't be using until we will
let you know in writing. ~~we~~ ^{we} will
follow state local & e. P.A. Guideline
to conduct the business.

Bipin Patel (owner)
oakwood Cleaners.
Ph: 561-369-2422.

RECEIVED
MAY 12 1997

TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT
Bureau of Air Monitoring & Mobile Sources

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: 1140 TIME OUT: 1230 AIRS ID#: ~~1111~~ 0990491

TYPE OF FACILITY: DRY CLEANER

FACILITY NAME: Oakwood Cleaners DATE: 4/15/97

FACILITY LOCATION: 356 N. Congress Ave
Boynton Beach

RESPONSIBLE OFFICIAL: MARCO CASPRINA PHONE NUMBER: 369-2422

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<u>Dry Clean machine model X 235 Serial # 215 was purchased in 1980's and was not seen in our shop & was</u>	<u>Comply with Ross left with intent if this unit is put back in service</u>
<u>Unit out of service. Drop off service only.</u>	

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: 4/98 (Approximate)

INSPECTION CONDUCTED BY: WJ GALT (Please Print)

INSPECTOR'S SIGNATURE: WJ Galt PHONE NUMBER: 355-4535

#0990491

Oakwood Cleaners

p.15 5.(f) required

RECEIVED

APR 21 1997

Perchloroethylene Dry Cleaning Facility Notification

Facility Name and Location

Bureau of Air Monitoring & Mobile Sources

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	FE' CLEANING INC
2. Site Name (For example, plant name or number):	OAKWOOD CLEANERS
3. Hazardous Waste Generator Identification Number:	FLD 982130544
4. Facility Location: Street Address:	356 N. CONGRESS AVE
City:	BOYNTON BEACH
County:	PALM BEACH
Zip Code:	33426
5. Facility Identification Number (DEP Use):	0990491

Responsible Official

6. Name and Title of Responsible Official:	MARCO A. LASPRILLA (PRESIDENT)
7. Responsible Official Mailing Address: Street Address:	356 N. CONGRESS AVE
City:	BOYNTON BEACH
County:	PALM BEACH
Zip Code:	33426
8. Responsible Official Telephone Number: Telephone:	(561) 369-2422
Fax:	() - - -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address:	
City:	
County:	
Zip Code:	
11. Facility Contact Telephone Number: Telephone:	() - - -
Fax:	() - - -

Facility Information

1.(a) Provide the information below for each machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

Type of Machine	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed	ID	Date Machine Initially Purchased	Date Control Device Installed
<i>SPENCER AMERICAN SPARK</i>									
Example	#1	03-OCT-93	12-NOV-93	#2	08-DEC-91		#3	02-MAR-92	02-MAR-92
Dry-to-Dry Unit		<i>DAY 2 DAY</i>							
(1) w/ ref. condenser		<i>1988</i>	<i>1988</i>						
(2) w/ carbon adsorber									
(3) w/ no controls									
Washer Unit									
(4) w/ ref. condenser									
(5) w/ carbon adsorber									
(6) w/ no controls									
Dryer Unit									
(7) w/ ref. condenser									
(8) w/ carbon adsorber									
(9) w/ no controls									
Reclaimer Unit									
(10) w/ ref. condenser									
(11) w/carbon adsorber									
(12) w/ no controls									

(b) Control devices are required, but not yet installed

(c) No control devices are required to be installed

2.(a) What was the total quantity of perchloroethylene (perc) purchased in the latest 12 months?
 gallons

(b) If less than 12 months, how many? months

Check why it is less than 12 months: New owner: New store: Did not keep records:

3. What is the facility's source classification based on the definitions found in section (3) of Part II?
 (Indicate with an "X". Select one classification only.)

*existing
small
none*

Existing small area source

New small area source

Existing large area source

New large area source

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?
(Indicate with an "X".)

Existing large area source

Carbon adsorber

Refrigerated condenser

New small area source

Refrigerated condenser

New large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site:

All steam and hot water generating units on-site (1) have a total heat input of 10 million BTU/hr or less (298 boiler HP or less), and (2) are fired exclusively by natural gas except for periods of natural gas curtailment during which propane or fuel oil containing no more than one percent sulfur is fired.

All steam and hot water generating units exempt
No such units on-site

Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Instrument calibration
- (f) Start-up, shutdown, malfunction plan

Surrender of Existing Air Permit(s)

Please indicate with an "X" the appropriate selection:

I hereby surrender all existing air permits authorizing operation of the facility indicated in this notification form; specifically, permit number(s) _____

No air permits currently exist for the operation of the facility indicated in this notification form.

Responsible Official Certification

I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.

I will promptly notify the Department of any changes to the information contained in this notification.

Signature

Date

ARMS

PERCHLOROETHYLENE DRY CLEANERS TITLE V GENERAL PERMIT COMPLIANCE INSPECTION CHECKLIST

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY
RE-INSPECTION

~~Applied for~~
AIRS ID#: 0990491 DATE: 4/15/97 TIME IN: 1140 TIME OUT: 1230
FACILITY NAME: Oakwood Cleaners
FACILITY LOCATION: 356 No Congress Ave
Boynton Beach 33426

PART I: NOTIFICATION

(check appropriate box)

- Existing facility notified DARM by 9/1/96
- New facility notified DARM 30 days prior to startup
- Facility failed to notify DARM to use general permit

PART II: CLASSIFICATION

Facility indicated on notification form that it is:
(check appropriate box)

Model # XL 35 prior to 1990
Ser # 215

- A
- | | |
|--|--|
| 1. Existing small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed before 12/9/91) <input checked="" type="checkbox"/> | 2. New small area source
dry-to-dry only, $x < 140$ gal/yr
transfer only, $x < 200$ gal/yr
both types, $x < 140$ gal/yr
(constructed on or after 12/9/91) <input type="checkbox"/> |
| 3. Existing large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed before 12/9/91) <input type="checkbox"/> | 4. New large area source
dry-to-dry only, $140 < x < 2,100$ gal/yr
transfer only, $200 < x < 1,800$ gal/yr
both types, $140 < x < 1,800$ gal/yr
(constructed on or after 12/9/91) <input type="checkbox"/> |
- vented to outside

This is a correct facility classification. YES NO

If no, please check the appropriate classification:

- facility qualified for a general permit as number _____ above
 facility exceeds above limits and is not eligible for a general permit

B. The total quantity of perchloroethylene (perc) purchased within the preceding 12 months by this dry cleaning facility was 95 gallons.

PART III: GENERAL CONTROL REQUIREMENTS

Is the responsible official of the dry cleaning facility:
(check appropriate boxes)

*Machine not in use
no perc on premises*

- 1. Storing perchloroethylene in tightly sealed and impervious containers? Y N
- 2. Examining the containers for leakage? Y N
- 3. Closing and securing machine doors except during loading/unloading? Y N
- 4. Draining cartridge filters in their housing or in sealed containers for at least 24 hours prior to disposal? Y N
- 5. Maintaining solvent-to-carbon ratios and steam pressure for carbon adsorber beds according to the manufacturer's specifications? Y N N/A

PART IV: PROCESS VENT CONTROLS

In Part II-A:

If classification 1 has been checked, no controls are required. Proceed to Part V.

If classification 2 has been checked, the machine should be equipped with a refrigerated condenser (complete A below).

If classification 3 has been checked, the machine should be equipped with either a refrigerated condenser or a carbon adsorber (complete A and B below). *Carbon adsorber must have been installed prior to September 22, 1993*

If classification 4 has been checked, the machine should be equipped with a refrigerated condenser (complete A and B below).

A. Has the responsible official of all new sources and existing large area sources:
(check appropriate boxes)

- 1. Equipped all machines with the appropriate vent controls? Y N
- 2. Equipped dry-to-dry machines with a closed-loop vapor venting system? Y N N/A
- 3. Equipped the condenser with a diverter valve so airflow will be directed away from the condenser upon opening the door? Y N N/A
- 4. Measured and recorded the temperature of the outlet exhaust stream of a refrigerated condenser on a weekly basis? Y N
- 5. Repaired or adjusted the equipment within 24 hours if the exhaust temperature of the condenser exceeded 45° F? Y N
- 6. Conducted all temperature monitoring after an appropriate cooldown period and after verifying that the coolant had been completely charged? Y N

B. Has the responsible official of an existing large or new large area source also:

1. Measured and recorded the exhaust temperature on the outlet side of the condenser located on dry-to-dry, reclaimer, and dryer machines on a weekly basis? Y N
2. Measured and recorded the washer exhaust temperature at the condenser inlet and outlet weekly? Y N
 Is the temperature differential equal to or greater than 20° F? Y N
3. Measured and recorded the perc concentration in the exhaust stream weekly at the end of the final drying cycle while the machine is venting to the adsorber, if machines are equipped with a carbon adsorber? Y N N/A
 Is the perc concentration equal to or less than 100 ppm? Y N N/A
4. Assured that the sampling port on the carbon adsorber exhaust for measuring perc concentrations is at least 8 duct diameters downstream of any bend, contraction, or expansion; is at least 2 duct diameters upstream from any bend, contraction, or expansion; and downstream from no other inlet? Y N N/A
5. Equipped transfer machines (dryers, reclaimers, and washers) with individual condenser coils? Y N N/A
6. Routed airflow to the carbon adsorber (if used) at all times? Y N N/A

PART V: RECORDKEEPING REQUIREMENTS

Has the responsible official: *when it was in use*
 (check appropriate boxes)

1. Maintained receipts for perc purchased? Y N
2. Maintained rolling monthly averages of perc consumption? Y N
3. Maintained leak detection inspection and repair reports for the following:
 - a. documentation of leaks repaired w/in 24 hrs? or, Y N
 - b. documentation of parts ordered to repair leak and leak repaired w/in 2 days and parts installed w/in 5 days of receipt? Y N
4. Maintained calibration data? (for direct reading instruments only) Y N N/A
5. Maintained exhaust duct monitoring data on perc concentrations? Y N N/A
6. Maintained startup/shutdown/malfunction plan? Y N
7. Maintained deviation reports? Y N
 Problem corrected? Y N
8. Maintained compliance plan, if applicable? Y N N/A

PART VI: LEAK DETECTION AND REPAIRS

1. Does the responsible official conduct a weekly leak detection and repair inspection? *Not now but when next* Y N

2. Which method of detection is used by the responsible official?

- Visual examination (condensed solvent on exterior surfaces)
- Physical detection (airflow felt through gaskets)
- Odor (noticeable perc odor)
- Use of direct-reading instrumentation (FID/PID/calorimetric tubes) ~~N/A~~

If using direct-reading instrumentation, is the equipment:

- a. Capable of detecting perc vapor concentrations in a range of 0-500 ppm? Y N ~~N/A~~
- b. Calibrated against a standard gas prior to and after each use (PID/FID only)? Y N ~~N/A~~
- c. Inspected for leaks and obvious signs of wear on a weekly basis? Y N ~~N/A~~
- d. Kept in a clean and secure area when not in use? Y N ~~N/A~~
- e. Verified for accuracy by use of duplicate samples (calorimetric only)? Y N ~~N/A~~

3. Has the facility maintained a leak log? Y N

4. Does the responsible official check the following areas for leaks?

- | | | | |
|---|--|---------------------------|---|
| Hose connections, fittings, couplings, and valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Muck cookers | <input type="checkbox"/> Y <input type="checkbox"/> N N/A |
| Door gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Stills | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A |
| Filter gaskets and seating | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Exhaust dampers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A |
| Pumps | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Diverter valves | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A |
| Solvent tanks and containers | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Cartridge filter housings | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A |
| Water separators | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | | |

Tanya Lasprilla

Name of Responsible Official (Signature)

TANYA LASPRILLA

Name of Responsible Official (Print) & Phone #

W. J. GALLS

Inspector's Name (Please Print)

4/15/97

Date of Inspection

W. J. Galls

Inspector's Signature

4/98

Approximate Date of Next Inspection

1. Secondary Containment for: Dry Cleaning Machine & Storage area
- | | | |
|----------------------|--------------------------|-------------------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Waste area | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Spotting area Sealed | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
2. Disposal of Water from Water Separator using approved evaporator
- | | | |
|---------------------------------|-------------------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| or Waste Handler's Pickup Water | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

N/A
NOV

all

302119

DRY CLEANER AIR QUALITY GENERAL PERMIT ANNUAL COMPLIANCE CERTIFICATION FORM

AIRS ID#0990491
FE' CLEANING INC MARCO A LASPRILLA 356 N CONGRESS AVE BOYNTON BEACH FL 33426

Bureau of Air Monitoring
& Mobile Sources

FEB 11 1998

RECEIVED

Do NOT Remove Label

Annual Reporting Period: 1/1 1998 TO 1/1 1999

Based on each term or condition of the Title V general air permit, my facility has remained in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.), during the period covered by this statement. YES NO

If NO, complete the following:

#1. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

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MAIL ROOM
FEB - 9 98

#2. Term or condition of the general permit that has not been in continuous compliance during the reporting period stated above:

Exact period of non-compliance: from _____ to _____

Action(s) taken to achieve compliance: _____

Method used to demonstrate compliance: _____

As the responsible official, I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, my annual consumption of perchloroethylene solvent, based upon purchase receipts, does not exceed 2,100 gallons per year for dry-to dry facilities or 1,800 gallons per year for transfer or combination facilities.

RESPONSIBLE OFFICIAL: TANYA PADILLA Tanyawelle Padilla 1/26/98
Name (Please Print) Signature Date

*This form is made available to you as an aid in order to meet your annual compliance certification requirements. It is at the discretion of the responsible official to use this form.

**TITLE V AIR QUALITY GENERAL PERMIT
INSPECTION SUMMARY REPORT**

TYPE OF INSPECTION: ANNUAL COMPLAINT/DISCOVERY RE-INSPECTION

TIME IN: <u>2:07</u>	TIME OUT: <u>2:12</u>	AIRS ID#: <u>0990491</u>
TYPE OF FACILITY: <u>Dry Cleaner</u>		
FACILITY NAME: <u>Oakwood Cleaners</u>		DATE: <u>3-20-98</u>
FACILITY LOCATION: <u>356 N. Congress Ave</u> <u>Boyton Beach, FL 33462</u>		
RESPONSIBLE OFFICIAL: <u>Marco LaSprina</u>		PHONE NUMBER: <u>369-2422</u>

Based on the results of the compliance requirements evaluated during this inspection, the facility is found to be in compliance with DEP Rule 62-213.300, Florida Administrative Code (F.A.C.).

Based on the results of the compliance requirements evaluated during this inspection, the following compliance discrepancies were noted:

COMPLIANCE REQUIREMENT/PROBLEM	FOLLOW-UP ACTION REQUIRED
<p><u>owner says they do not do drycleaning at this store. They give out drycleaning to Las end cleaners ID# 0990496 they use this store as a drop off store per owner.</u></p>	<p><u>Asked to write a letter describing that dry cleaning is not done at above address. also state where and who does all dryclean for this store.</u></p>
<p><u>Please continue sending title V general permit fees (annual notice).</u></p>	

RECEIVED
 JUN 16 1998
 Bureau of Air Monitoring
 & Mobile Sources

COMMENTS:

The Annual Compliance Certification form has been properly certified and submitted to the inspector. YES NO

DATE OF NEXT INSPECTION: MARCH 1999

(Approximate)

INSPECTION CONDUCTED BY: R V Chokshi

(Please Print)

INSPECTOR'S SIGNATURE: R V Chokshi PHONE NUMBER: 355-3070

5-8-98

To whom it may concern,

As of January 1st 1997
we drained & disconnected our
drycleaning machine but do
wish to stay registered as
a dry cleaning plant. And are
currently sending money for
the collision. We also plan
in the future to purchase a
state of the art drycleaning
machine with all State, local
and E.P.A guidelines

If you have any questions
Please Contact:

Marco LaSprilla
Oakwood Cleaners
501-369-2422

Thank You
Marco LaSprilla
Pres.

BEST AVAILABLE COPY

05/26/1998 08:50

5619642538

MAIL STOP

PAGE 02



MAIL STOP

Kenneth R. Curtis, Owner
Meadows Square
4781 N. Congress Ave
Lantana, FL 33462

TEL 561-964-2288
FAX 561-964-2538

HOURS: MON-FRI 8:30 - 6:00
SAT 9:00 - 2:00

FACSIMILE TRANSMISSION

Total pages including this page: 2

TO: Rasik Chakshi

FAX NO.: 355-2442

FROM: MARCO Lasprilla

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

0354979

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED
MAIL ROOM

DEC 21 1998

TOTAL AMOUNT DUE: \$50.00 RECEIVED

DEC 28 1998

Do NOT Remove Label

Note

New owner

SKARNAM INC. AIRS ID # 0990491
OAKWOOD CLEANERS
MARCO A LASPRILLA BIPIN PATEL
356 N CONGRESS AVE
BOYNTON BEACH FL 33426

Bureau of Air Monitoring

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

302119

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

TOTAL AMOUNT DUE: \$50.00

Do NOT Remove Label

AIRS ID#0990491

FE' CLEANING INC
MARCO A LASPRILLA
356 N CONGRESS AVE
BOYNTON BEACH FL 33426

FOR GOVERNMENT USE ONLY
Org.: 37550101000 EO: B1
Fund: 20-2-035001
Obj.: 002273

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

7000 2870 0000 7027 4602

Postage	\$	Postmark Here <i>Receipt</i>
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total Post 10 AIRS ID # 0990491001AG

Sent To OAKWOOD CLEANERS
 356 N CONGRESS AVE
Street, Apt. BOYNTON BEACH FL 33426
City, State,

PS Form 3800, May 2000 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 5px; margin: 5px 0;"> AIRS ID # 0990491001AG KWOOD CLEANERS N CONGRESS AVE YNTON BEACH FL 33426 </div> <p>2. Article Number (Copy from service label)</p>	<p>A. Received by (Please Print Clearly) B. Date of Delivery <i>M. Montechiaro</i> <i>7/6/02</i></p> <p>C. Signature <input checked="" type="checkbox"/> <i>M. Montechiaro</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

000287000070274602

Z 333 613 074

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

AIRS ID 0990491

FE' CLEANING INC
MARCO A LASPRILLA
356 N CONGRESS AVE
BOYNTON BEACH FL 33426

PS Form 3800, April 1995

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

FE' CLEANING INC
MARCO A. LASPRILLA
356 N CONGRESS AVE
BOYNTON BEACH FL 33426

AIRS ID 0990491

4a. Article Number

Z 333613074

4b. Service Type

- Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid)

5. Received By: (Print Name)

6. Signature (Addressee or Agent)

X *Jesse Lopez*

Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt